



Comments

[illegible]

Installation's EPA ID Number											Approved		Date Received (yr. mo. day)			510						
C	M	O	D	1	2	0	4	5	8	6	4	1	T/A	C			88	0	2	1	9	ST LOUIS
F														1								

F	O	R	E	S	T	P	A	R	K	C	O	M	M	U	N	I	T	Y	C	O	L	L	E	G	E
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Street or P.O. Box

[illegible]

City or Town																	State	ZIP Code					
C	S	T	.	L	O	U	I	S									M	O	6	3	1	1	0

Street or Route Number

[illegible]

City or Town																			State	ZIP Code					
C	S	T	.		L	O	U	I	S										M	O	6	3	1	1	0

Name and Title (last, first, and job title)

[illegible]**A. Name of Installation's Legal Owner**

C	S	T	.		L	O	U	I	S		C	O	M	M	.		C	O	L	L	.		P
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VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity.

- ☒ 1a. Generator ☒ 1b. Less than 1,000 kg/mo.
- ☐ 2. Transporter
- ☐ 3. Treater/Storer/Disposer
- ☐ 4. Underground Injection
- ☐ 5. Market or Burn Hazardous Waste Fuel
(enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner

B. Used Oil Fuel Activities

- ☐ 6. Off-Specification Used Oil Fuel
(enter "X" and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner
- ☐ 7. Specification Used Oil Fuel Marketer (or On-site Burner)
Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device (enter "X" in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

- ☐
- A. Utility Boiler
- ☐
- B. Industrial Boiler
- ☐
- C. Industrial Furnace

VIII. Mode of Transportation *(transporters only — enter 'X' in the appropriate box(es))*

- ☐
- A. Air
- ☐
- B. Rail
- ☐
- C. Highway
- ☐
- D. Water
- ☐
- E. Other (specify) _____

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification notification. If this is not your first notification, enter your installation's EPA ID Number in the s

- ☐
- A. First Notification
- ☒
- B. Subsequent Notification (complete item C)



R00147830
RCRA RECORDS CENTER

C
4T/A
C
1**X. Description of Hazardous Wastes (continued from front)**

- A. Wastes from Nonspecific Sources (F-List).** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Below each number, enter monthly generation amount in pounds and frequency code A, B, or C.

WASTE ID #

AMOUNT AND
FREQUENCY

lbs.

lbs.

lbs.

lbs.

- B. Wastes from Specific Sources (K-List).** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Below each number, enter the monthly generation amount in pounds and frequency code A, B, or C.

WASTE ID #

AMOUNT AND
FREQUENCY

lbs.

lbs.

lbs.

lbs.

- C. Commercial Chemical Product Wastes (U and P Lists).** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Below each number, enter monthly generation amount in pounds and frequency A, B, or C.

WASTE ID #

AMOUNT AND
FREQUENCY

lbs.

lbs.

lbs.

lbs.

D. (Reserved)

- E. Characteristics of Nonlisted Hazardous Wastes.** Mark an 'x' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24) Below each box that you check, enter the monthly generation amount expressed in pounds and generation frequency code A, B, or C.

AMOUNT AND
FREQUENCY1. Ignitable
(D001)

lbs.

2. Corrosive
(D002)

lbs.

3. Reactive
(D003)

lbs.

4. Toxic

Enter the four-digit number which identifies each characteristic toxic waste. Below each number enter the monthly generation amount and frequency.

AMOUNT AND
FREQUENCY

lbs.

lbs.

lbs.

lbs.

MISSOURI REQUIRED INFORMATION

MO Generator ID Number

00983

Principle Business Activity

EDUCATION

S.I.C. Code (leave blank if uncertain)

8222

Check this box if you generate/accumulate less than a regulated quantity

**XI. Certification**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

Joseph Lonigro

Name And Official Title (Type Or Print)

Joseph Lonigro, Director of
Facilities

Date Signed

02/01/88